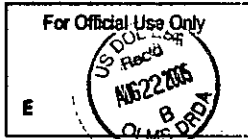


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <input type="text" value="12838"/>	2. Fiscal Year Covered From: <input type="text" value="1"/> / <input type="text" value="1"/> / <input type="text" value="2004"/> Through: <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2004"/>
3. Name and address of person filing. Name <input type="text" value="Scott"/> <input type="text" value="Swick"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text" value="1965 Dixwell Avenue"/> City <input type="text" value="Hamden"/> State <input type="text" value="Connecticut"/> ZIP Code + 4 <input type="text" value="06514"/>	4. Name, file number, and address of labor organization. Name <input type="text" value="I.U.O.E. Local 478"/> Labor Organization File Number <input type="text" value="042-729"/> P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text" value="1965 Dixwell Avenue"/> City <input type="text" value="Hamden"/> State <input type="text" value="Connecticut"/> ZIP Code + 4 <input type="text" value="06492"/>
5. Position in labor organization. <input type="text" value="Executive Board Member"/>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a. Nature of Interest, Transaction, or Income. <input type="text"/> 7.b. Amount. <input type="text"/>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <input type="text" value="Scott J. Swick"/>	On <input type="text" value="8-13-05"/> Date	<input type="text" value="203-288-9261"/> Telephone Number

Name of Person Filing Scott Swick	File Number U-
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<p><b>8. Name and address of Business (including trade name, if any).</b></p> <p>Name <input type="text" value="I.U.O.E. Local 478 Apprenticeship Training"/></p> <p>Trade Name, if any: <input type="text" value="ard Skill Improvement Fund"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text" value="1965 Dixwell Avenue"/></p> <p>City <input type="text" value="Hamden"/></p> <p>State <input type="text" value="Connecticut"/> ZIP Code + 4 <input type="text" value="06514"/></p>	<p><b>9. Business deals with:</b></p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p><b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b></p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text" value="Connecticut"/> ZIP Code + 4 <input type="text"/></p>	<p><b>11.a. Nature of such dealing.</b></p> <div style="border: 1px solid black; padding: 5px;"><p>The Training Fund provides apprenticeship training, skill improvement and safety education to eligible members of I.U.O.E. Local 478.</p><p><b>**See 2004 Forms 5500 and 990</b></p></div> <p><b>11.b. Approximate dollar value of such dealing.</b> <input type="text"/></p> <p><b>12.a. Nature of interest held or income received.</b></p> <div style="border: 1px solid black; padding: 5px; min-height: 100px;"><p>Salary</p></div> <p><b>12.b. Amount.</b> <input type="text" value="\$78,617"/></p>

<p><b>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</b></p>	
<p><b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b></p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p><b>14.a. Nature of payment.</b></p> <div style="border: 1px solid black; min-height: 150px;"></div>
<p><b>13.b. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b></p>	<p><b>14.b. Amount of payment.</b> <input type="text"/></p>

Name of Person Filing Scott Swick

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name I.U.O.E. Local 478 Apprenticeship Training

Trade Name, if any: and Skill Improvement Fund

P.O. Box, Bldg., Room No., if any

Street 1965 Dixwell Avenue

City Hamden

State Connecticut

ZIP Code + 4 06514

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name I.U.O.E. Local 478

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1965 Dixwell Avenue

City Hamden

State Connecticut

ZIP Code + 4 06514

## 11.a. Nature of such dealing.

The Training Fund provides apprenticeship training, skill improvement and safety education to eligible members of I.U.O.E. Local 478.

\*\*See 2004 Forms 5500 and 990

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

Reimbursement of expenses incurred while attending and Educational Seminar

## 12.b. Amount.

\$2,628